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CONFIRMATION NO. 6596

Bib Data Sheet

SERIAL NUMBER 10/824,454	FILING DATE 04/14/2004 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. MED-0004C1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/057,340 01/23/2002 PAT 6,749,580
which claims benefit of 60/327,515 10/05/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>JKennedy</u> Examiner's Signature	Initials	DRAWING 11	CLAIMS 25	CLAIMS 3

ADDRESS

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TITLE

Continuous flow peritoneal dialysis catheter

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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